

# SAMPLE DD FORM 1299, HANDLING IN FOR POV STORAGE

## Technical Exhibit 1

APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY <small>(Before completing form, read Privacy Act Statement on reverse)</small>				1. DATE PREPARED (YYMMDD) 01-OCT-97		2. SHIPMENT NUMBER 6 OF 6	
3. NAME OF PREPARING OFFICE  JPPSO - SAN ANTONIO				4. TO (Responsible origin Personal Property Shipping Office)			
				a. NAME JPPSO-SAN ANTONIO			
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE JPPSO-SAN ANTONIO				b. ADDRESS (Street, City, State, Zip Code)  SAN ANTONIO, TX 78216-5518			
6. MEMBER OR EMPLOYEE INFORMATION							
a. NAME (Last, First, Middle, Initial) TEST, T. T.			a. RANK/GRADE SFC E-7		c. SSN 000-00-0000		d. AGENCY U. S. AIR FORCE
7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING							
A. HOUSEHOLD GOODS/UNACCOMPANIED BAGGAGE/ITEMS/NO. OF CONTAINERS (Enter quantity estimate)							
(1) POUNDS WOD		10,000		(2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (Enter none, If applicable)		(3) EXPENSIVE AND VALUABLE ITEMS NUMBER OF CARTONS	
b. MOBILE HOME INFORMATION (Enter dimensions in feet and inches)							
(1) SERIAL NUMBER		(2) LENGTH		(3) WIDTH		(4) HEIGHT	
(5) TYPE EXPANDO (Describe)							
(6) MOBILE HOME REQUESTED (X as applicable)							
(c) Mobile Home Unblocked				(a) Contents packed		(b) Mobile Home Blocked	
				(d) Stored at origin		(e) Stored at Destination	
8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE							
a. TYPE ORDERS (X one)				b. ISSUED BY		c. NEW DUTY ASSIGNMENT	
(1) PERMANENT		X		(2) TEMPORARY		TEST	
d. DATE OF ORDERS (YYMMDD) 11-MAR-99				e. ORDERS NUMBER POV102		f. PARAGRAPH NO.	
g. IN TRANSIT TELEPHONE NO. (Include Area Code)							
h. IN TRANSIT ADDRESS (Street, Address, City, State, Zip Code) 613 NORTHWEST LOOP 410 SAN ANTONIO TX 78216							
9. PICKUP (ORIGIN) INFORMATION				10. DESTINATION INFORMATION			
a. ADDRESS (Street, Address, City, County, State, and Zip Code) (If mobile home, also include mobile home court name) DROP OFF AT STORAGE FACILITY BEXAR SAN ANTONIO, TX 78216				a. ADDRESS (Street, Address, City, County, State, and Zip Code) (If mobile home, also include mobile home court name)  NTS			
b. PHONE NUMBER (Include Area Code)				b. AGENT DESIGNATED TO RECEIVE PROPERTY			
11. EXTRA PICKUP/DELIVERY ADDRESS (If applicable)							
12. SCHEDULED DATE (YYMMDD) FOR		a. PACK 01-OCT-97		b. PICKUP 01-OCT-97		c. DELIVERY	
13. REMARKS (POV SN: GZ453D00000099992222, YR: 91, CHEVY/PICKUP) NTS ENTITLE EXP: 31-DEC-98 POV STORAGE							
14. I CERTY THAT NO OTHER SHIPMENTS AND/OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW (If none, indicate "none")							
a. FROM		b. TO		c. NET POUNDS (Actual or est.)		c. POUNDS OF PROFESSIONAL BOOKS, PAPERS, EQUIPMENT (Actual or est.)	
15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES/STORAGE CONDITIONS.							
I certify that I have read and understand my shipping responsibilities and storage conditions printed on the reverse side of this form							
a. SIGNATURE OF MEMBER/EMPLOYEE				b. DATE SIGNED		c. ADDRESS OF CONTRACTOR (Street, City, State, and Zip Code)	
d. NAME OF CONTRACTOR (origin DPM or non-temporary storage)							
16. CERTIFICATION IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZED. Property is baggage, household goods, mobile home, and/or professional books, papers, and equipment authorized to be shipped at government expense.							
a. REASON FOR NONAVAILABILITY OF STORAGE				b. CERTIFIED BY (Signature)			
				c. TITLE			